

By comparing with other vesical operations, with tracheotomy etc., he concludes that there is very little fear of purulent phlebitis from veins about the field of operation. Nor from the physiology and an observed accident case does he think any lasting harm would follow closure of the median dorsal vein.

The operation is scarcely applicable in children, but would avoid a vesico-vaginal fistula in females.

He sums up the advantages as :

1. The securing of an entrance to the bladder, wide enough to extract the concretions, in most cases of calculus, *i. e.*, to break up and then to remove them. Further the direct exposure of the trigonum Lieutaudi, a very common seat of vesical tumor, or hypertrophy of prostate.

2. The avoidance of injury to delicate parts—vessels, nerves, erectile bodies, urethra, muscles of urinating and erection, the prostate, seminal ducts, rectum and peritoneum.

3. A permanent urine-outlet from the lowest point of the bladder, satisfying all demands, also sufficient drainage to avoid suppurative cellulitis.

4. Avoidance of the so untrustworthy bladder suture with all its even life endangering accidents.

5. The doing away with a permanent catheter, and consequent urethral irritation, and also with repeated catheterization.

6. The possibility of primary wound-union.

Inasmuch as this method does not secure as free entrance as the suprapubic operation it may in special cases, be necessary to add the latter, and thus gain the advantage of both. He thinks it is not as easy as the simple suprapubic, but easier than the perineal methods.

His whole paper represents a suggestion and an incentive, and not an actually applied procedure.—*Lie Sectio alta subpubica*, Berlin: Hirschwald, 1888.

WM. BROWNING (Brooklyn).

VII. Case of Extroversion of the Bladder Treated by Preliminary Division of the Sacro-Iliac Synchrondroses, (Trendelenberg's Operation). By MR. G. H. MAKINS, (London).

The patient was a male child, æt. 5 years. An attempt to raise a flap by Thiersch's method had failed three years before. The division of the sacro-iliac synchondroses permitted approximation of the anterior superior iliac spines to the extent of one inch, with corresponding diminution of the gap existing in the situation of the pubic symphysis. This gain was maintained by means of continuous extension. Two months afterwards an attempt was made to unite the opposite boundaries of the bladder, which failed, presumably in great part owing to the tension due to the old cicatrix. The bladder was then covered by means of a single lateral Thiersch's flap at a later date, the exposed surface having been reduced in area from 3.25 inches by 3.25 inches, to 1.5 inches by 1.5 inches. The following advantages were claimed for this mode of operating.—1. Saving of time. In one of Trendelenberg's cases the whole procedure, excepting the closure of a small fistula, occupied eight weeks only. 2. A perfect mucous lining to the bladder, interrupted only by a median cicatrix was obtained. 3. Failure of the primary operation in no way prejudiced subsequent measures. 4. Should primary union fail, much smaller flaps were required than in the usual operations. 5. The superficial area was not merely lessened, but a gradual backward sinking of the bladder wall accompanied the decrease in diameter. 6. The last two points were of especial importance in cases like the present one where a cicatrix interfered with the ready fashioning of flaps. 7. The closure of the symphyseal gap offered a better support for the abdominal viscera.—*Royal Medico-Chirurgical Society*, March 27, 1888.

C. B. KEETLEY (London).

VIII. Hypertrophy of the Prostate and its Relief by Operation. By F. A. MCGILL. F.R.C.S., (Leeds). It is pointed out that considerable prostatic enlargement may exist without causing much interference with micturition. The author gives three forms of enlarged prostate which give rise to characteristic symptoms, and which moreover have this feature in common, viz., that they project into the bladder, and may consequently be described as vesical and not as perineal outgrowths. The varieties are : 1. A uniform circular